

EVENT PERMIT



Ordinance 17-08

SUNCOAST HUMANE SOCIETY

PERMIT NUMBER:

TMP2018-00096

Date(s) of Event:

March 31, 2018 from 4:00pm until 6:00pm

Property Owner:

LEE COUNTY

Applicant:

BOCA GRANDE CHAMBER OF COMMER

Contact: NAT ITALIANO

Description:

Fundraiser with food, music and entertainment

Location of event:

131 135 1ST ST W BOCA GRANDE 33921

BOCA GRANDE COMMUNITY PARK***941-964-0400

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

Yes

Will a bond be posted for this event?

No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager Date

Suncoast Humane Society



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Suncoast Humane Society Fundraising Event - 3/31/18

Tme 2018-60096



Event Application

check the appropriate box(es) below	e appropriate box(es) below.
-------------------------------------	------------------------------

SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SEX.XXXX CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Suncoast Humane Society Fundraiser
Date(s) of Event / Production:	3/31/18
Location(s) of Event:	Boca Grande Community Park - Outdoor Stage and Green Space
Name of Applicant:	Nat Italiano
Applicant Address:	P.O. Box 100, 131 Banyan Street Boca Grande, Fl 33921
Applicant Phone Number:	1-941-964-0400
Contact Person: (If different from applicant)	Nat Italiano
Contact Phone Number: (If different from applicant)	
Email Address:	Itallanoinsurance.com
Estimated Attendance:	150+ people
Event Description: Include each activity, when activities take place, etc.	Food, music and entertainment from 4:00p - 6:00p Set-up, early afternoon
Hours of Operation:	4:00 - 6:00p.m.
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee county Government

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for allpermit types:

What is the Zoning Classification of the premises? Public Facility	
Are any temporary structures to be installed for the event? Yes X No T	ype:
Do you have the appropriate permits for the temporary structures? N/A	☐ Yes ☐ No
* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with indentified, including all parking areas.	all proposed facilities and activities
Insurance Company Insuring the Event: Italiano Insurance Company	
Note: Certificate of insurance must be submitted at time of application	
Surety Company Bonding this Event (Name and Address): N/A	
Will Vehicles be Used as Part of This Will Food be Available at this Event? Event?	Will Alcoholic Beverages be ★★★★★★ Consumed at this Event?
┌─Yes ┌── No ┌── Yes ┌── No	Yes No
If yes, automobile coverage must be included on the certificate of insurance. If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food: Participants / Attendees	
Type of Food being Served: Appetizers / Finger Foods	
Section II - USE OF COUNTY PROPERTY PERMIT	
Organization Sponsoring the Event:	
Fill out this portion for applications for Solicitation in the County Rights-of-Way:	•
Name of Charity:	
Address of Charity:	
Phone Number:	
Non-profit certificate/registration number: (Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is	evempt from this requirement, \$316,2045)
ayan kara kangan adalah karangan karangan karangan bahar karangan bahar karangan bahar karangan bahar karangan	e la proposición de la especial de la comparação
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PE	KIVIII
Is alcohol being 36x6/consumed on County Property? If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.	∏ Yes ∏ No roperty.
Non-profit certificate/registration number: Alcohol not being sold (Required if alcohol is to be <u>SOLD</u> at the event)	
Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may algorithm details	so be required; please call (239) 344-0885 for



Section IV - FILM / VIDEO / PHO	TOGRAPHY PERM	IIT	N/A			
Type of Production (choose all that apply):		⊆ .				
TV Movie or Special TV	Series / Pilot	Γ	TV Comme	rcial	Still Photos	
Public Service Announcement Ind	ustrial / Documentary		Other:			##4744-047-04-04-04-04-04-04-04-04-04-04-04-04-04-
Will any of the following be needed or incl	uded*?					
Street Closure	• · · · · · · · · · · · · · · · · · · ·		ך Yes	∏ No		
Traffic / Crowd Control			T Yes	J No		
Fire or Burning			Yes	∏: No		
Explosives or Pyrotechnics			┌ Yes	∏ No		
Animals, Large or Small		*	┌ Yes	J‴∷ No		
Construction of Any Kind			r Yes	∏ No		
Large and/or Numerous Veh	icles		┌ Yes	Γ⊤ No		
Helicopters, Boats, etc.			Yes	☐ No		
Stunts			Yes	∏ No		
Other			┌ Yes	∏ No		
						PAAA.
Special Parking Requirements:						
L _i						
City or County Services Required: (Person	onnel, equipment, facil	lities, et	tc.)			·;
The following information is required for the industry. If exact figures are not ava	r local and state record	ls on pr	oduction in	Florida to		omic impact
Number in Cast:	Number in Crew:		Nur	nber of loca	ls hired:	
Total budget:	Estimate amount s	pent in I	Lee County:			
Hotel room nights:	Number of shootin	ng days:				
number of rooms y number of	nlehts		• • • • • •			

Applicant Agreement - Signature Required



SECTION 1 - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Regulred



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Signature of Applicant

NELSON A IT Towns IT I ASSPLL WIGHT

Print Name of Applicant and Title

Print Name of Witness

DE



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

☐ SPECIAL EVENT PERMIT ☐ USE OF COUNTY PROPERTY PERMIT ☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES ☐ FILM PERMIT AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. Parking: Parking in authorized areas only. Deputies (How Many?): None. Special Arrangements: There will be a wine toast at this event and the alcohol will need to stay within the confines of the event area. Print Name: Sgt. D. Leffin Signature: Signature: Title: Title:	Check the approprie	ate box(es) bel	ow:			4
PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES FILM PERMIT AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. Parking: Parking in authorized areas only. Deputies (How Many?): None. Fee for Services: None. There will be a wine toast at this event and the alcohol will need to stay within the confines of the event area. Print Name: Signature: Signature: Signature: Signature: PLOCE	SPECIAL EV	ENT PERMIT			•	
AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. Parking: Parking in authorized areas only. Deputies (How Many?): None. Fee for Services: None. Special Arrangements: There will be a wine toast at this event and the alcohol will need to stay within the confines of the event area. Print Name: Sgt. D. Leffin Signature: Signature: Sgt. D. Leffin	USE OF CO¹	UNTY PROPERTY	PERMIT			
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WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. Parking: Parking in authorized areas only. Deputies (How Many?): None. Fee for Services: None. Special Arrangements: There will be a wine toast at this event and the alcohol will need to stay within the confines of the event area. Print Name: Sgt. D. Leffin Signature: Sgt. D. Leffin	FILM PERM	IIT				
Deputies (How Many?): None. Fee for Services: None. Special Arrangements: There will be a wine toast at this event and the alcohol will need to stay within the confines of the event area. Print Name: Sgt. D. Leffin Signature: Sgt. D. Leffin	AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P LICANT TO COMP	PLEASE INDICATE BEL PLY WITH FOR THEIR I	OW WHAT ARRA	ngements youi	R ORGANIZATION
Fee for Services: None. Special Arrangements: There will be a wine toast at this event and the alcohol will need to stay within the confines of the event area. Print Name: Signature: Signature: 96068	Parking:	Parking in autho	orized areas only.			
Special Arrangements: There will be a wine toast at this event and the alcohol will need to stay within the confines of the event area. Print Name: Sgt. D. Leffin Signature: Sgt. D. Leffin	Deputies (How Many?):	None.			<u> </u>	
Print Name: Sgt. D. Leffin Signature: Sgt. D. Leffin	Fee for Services:	None.				······································
Signature: Sat Da A. P. 96068	Special Arrangements:			nt and the alcohol-w	vill need to stay wi	thin the confines
Signature: Sat Da A. P. 96068					-	
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Signature: Sat Da A. P. 96068	-	ş				· · · · · · · · · · · · · · · · · · ·
		Print Name:	Sgt. D. Leffin		-	
Tiplos		Signature:	Sad Di	JA. 21)	96068	·
Special Operations		Title:	Special Operations			
Date: 03 (28 (18		Date:	03/28/18	1		



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropri	iate box(es) belo	ow:			•	-
SPECIAL EV	VENT PERMIT					
	OUNTY PROPERTY I	PERMIT				
☐ FILM PERN	AIT			•		
AFTER REVIEWING THE WILL REQUIRE THE APPL				RANGEMENTS	YOUR ORGAN	IZATION
Fire Guards (How Many?)						
Fee for Services:						
Flammable Vegetation:						
First Aid Equipment:		agas karakina sa agas ang mang mang mang mang mang mang mang			ngerman - 11-001/2002);	
Fire Extinguishing:						
Special Arrangements:						
	In case of e	mergency - Dial 911		3		بدود و دحو الهامية
	Print Name:	C. W. Blosser				
	Signature:	-06-	_ 			
	Title:	Fire Chief 03/28/2018				
Section 1	Date:			and the second s	A 1884 kopiiniste aagoo seeled obalkuu johku kasa	

Page | 7



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 14752 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 (239) 533-3911

X	SPECIAL EVENT PERMIT	
X.	USE OF COUNTY PROPERTY PERMIT	Γ
Г	FILM PERMIT	

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:	None necessary.			. ,	
Medical Personnel:	None necessary.			,	
	p				
Medical Supplies / Equipment:	None necessary.				
	ļ,		i		
Safety Requirements:	No additional precau	utions necessary.			
	N				
Fee for Services	Not applicable.				
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergenc	y. To arrange special event	t coverage, cont	act our office at
	Print Name:	Douglas B. Higgins			
	Signature:	Douglas B. Hig	gins Digitally signed by Dougla Date: 2018.03.28 10:35:35	as B. Higgins -04'00'	
	Title:	Division Chief			
	Date:	Mar 28, 2018			



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the appropri	ate box(es) be	low:			
F SPECIAL EV	ENT PERMIT				
	UNTY PROPERTY				
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVER	AGES WITHIN LEE CO	UNTY FACILITIES	-
FILM PERN	11T				•
AFTED DEVIEWABLE THE	A DOLLCATION I	PLEASE INDICATE BELOV	/ WHAT ARRANGEN	IENTS YOUR ORGANIZA	ATION
WILL REQUIRE THE APP	LICANT TO COMP	PLY WITH FOR THEIR EVE	NT.		
		,			
Parking:	Park in designated	areas. No event parking on l	ee County maintained r	oad rights-of-way.	
arking.	-		·		
Ingress and Egress:	Use all established	means of ingress and egress	<u> </u>		
High Coo and Egicoo.	,				•
Special Arrangements:	None.				
•					
		•		•	
			•	•	
*					
	1				
				•	
	Print Name:	Bryan Miller	•	·	
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. <i>N</i> Date: 2018.03.28 10:11:15-04	iller 00'	
	Title:	Senior Project manager			
	Date:	March 28, 2018			



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the	app	ropriate	box(e.	s) bei	low:
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- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- EX PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:	Any additional lighting must be provided by permit holder. Open flame candles are prohibited.
Parking Areas:	Parking is permitted in existing parking areas located at the Boca Grande Community Park and the Louise DuPont Crowninshield Community House Parking Lot.
· ·	
Special Arrangements:	All alcohol must be contained within the boundaries discussed with Community Center supervisor. Lee County Parks & Recreation Director or Deputy Director approves this alcohol permit by signing below (2-Alcohol Permits already granted at the Boca Grande Community park).
	LCP&R Rental Permit required and fees must be paid prior to date of function
	Permit holder must remove all trash.

Print Name:	Jesse Lavender	Joe Wier			
Signature:	Jesse Lavender	Digitally signed by Jesse Lavender Date: 2018.03.28 09:41:24 -04'00'			
Title:	Director	Supervisor			
Date:	3/28/18	3/28/18			



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

•						
Check the appropriat	te box(es) belo	ow:	•			
SPECIAL EVE	NT PERMIT		* *			
⋉ USE OF COU		PERMIT				
17 *		IME ALCOHOLIC	BEVERAGES WI	THIN LEE COU	NTY FACILITIE	S
FILM PERMI						
AFTER REVIEWING THE A				ARRANGEMEN	ITS YOUR OF	RGANIZATION
,						
Insurance Requirements:	occurrence to pro- aforementioned e	tect against bodlly bevent within Lee Co	Injury and/or prop unty.	oerty damage rela	tive to applicar	nts use of
	(\$1,000,000) per o	iquor Liability insul occurrence. Should policy, minimum acc	Host Liquor Liabili	ity coverage be af	ford under the	Commercial
						,
Special Arrangements:	A Certificate of Ins Board of County C additional Insured	surance shall be sub Commissioners, P.O.	omitted as evidence , Box 398, Fort My	e of the required ers, FL 33902 as th	coverage listin ne certificate ho	g Lee County older and as an
	Subject to proof o	of insurance.				
	1					*
	•			· .		
	Print Name:	Mike Figueroa				
•	Signature:	n				
•	Title:	Risk Program Mana	ider	•	** · · ·	

March 28, 2018

Date:

SUNCO10

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID: RA

DATE (MM/DD/YYYY) 03/28/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

BELOW. THIS CERTIFICATE OF INCREPRESENTATIVE OR PRODUCER, A				EAC	CONTRACT	BETWEEN T	HE ISSUING INSURER(S	3), AUT	HORIZED
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subjecthis certificate does not confer rights	to th	te te	rms and conditions of th	e polic	ev, certain po	dicies may :	IAL INSURED provisions require an endorsement.	or be A sta	endorsed. tement on
PRODUCER	- 111.0		1-484-0681	SONTA	CT Victor L.	Garraus			
Sifford-Helden ins - NG/VG				PHONE	o, Ext): 941-48	4-0681	FAX (A/C, No): 9	41-485	5-3835
11 E Venice Avenue /enice, FL 34285				E-MAIL	, exit	rraus@glffe	ordheidenins.com		
lictor L. Garraus						URERISI AFFOR	IDING COVERAGE		NAIC#
NSURED Suncoast Humane Society Inc						AIGO MICEGO	11 1110 001		
6781 San Casa Dr.				INSURE					
Englewood, FL 34224				INSURE					
				INSURE					
				INSURE		.,			
·				INSURE	RF:				
COVERAGES CEI	KTIFIG	CATE	ENUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PFRT	REME TAIN	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	y contract The policie	or other i S describei	DOCUMENT WITH RESPEC O HEREIN IS SUBJECT TO	11 TO W	VHICH THIS
NSR TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITE	3	
A X COMMERCIAL GENERAL LIABILITY	INSO	MAD			1400000/11111	TOTAL PARTY IN	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE OCCUR	Y		6BRPG00000006253500		03/31/2018	04/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
A X Host Liquor Liab	ľ	Ì					MED EXP (Any one person)	•	5,000
^ ^		l l				'	PERSONAL & ADV INJURY	\$	1,000,000
		Ì					GENERAL AGGREGATE	4	5,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT LOC	ŀ						1	<u>.</u>	1,000,000
		[PRODUCTS - COMP/OP AGG Other - 1		Included
OTHER:	┼	├		-	 		COMBINED SINGLE LIMIT (En accident)	,3	
AUTOMOBILE LIABILITY	Į	1					l i	3	**************
ANY AUTO SCHEDULED	1	İ					BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY AUTOS	į.				1		BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
HIRED ONLY AUTOS ONLY		1					(Per accident)	\$	~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	┿	 						\$	
UMBRELLA LIAB OCCUR		1					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADI							AGGREGATE	\$	
DED RETENTION \$	 	<u> </u>	<u> </u>		<u> </u>		LEER L OTH	\$	
WORKERS COMPENSATION		Ì					PER STATUTE ER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE (MANUALTY IN NH)	N/A						E.L. EACH ACCIDENT	<u>\$</u>	
(Mandatory in NH)					ļ		E.L. DISEASE - EA EMPLOYEE	3	~
if yes, describe under DESCRIPTION OF OPERATIONS below	 	_	ļ <u>.</u>		<u></u>		E.L. DISEASE - POLICY LIMIT	<u> </u>	
	Y								
									•
		<u> </u>	<u></u>	.,		<u> </u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AÇORI	D 101, Additional Remarks Schedu	lo, may b	e attached if mor	a space is requir	red)		
i ce attached			•						
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			0 0 10 28	10					
CERTIFICATE HOLDER				CAN	CELLATION				
			LEEC001						
•				SHO	DULD ANY OF	THE ABOVE I	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL I	ANCELL AF DEI	IVERED IN
LEE COUNTY BOARD				AC	CORDANCE W	TH THE POLI	CY PROVISIONS.	. UKL	4:E1160 HT
OF COUNTY COMMISSI	ONE	RS		L	<u> </u>				
BOX 398				AUTHO	ORIZED REPRESE	ENTATIVE			
FT MYERS, FL 33902					leton				
	-		•	ιV	ICTORU	yan	aus		

ACORD 25 (2016/03)

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NOTEPAD:

LEEC001

HOLDER CODE LEEC001
INSURED'S NAME Suncoast Humane Society Inc

SUNCO10 OP ID: RA

PAGE 2 Date 03/28/2018

Lee County, a political subdivision & Charter County of the State of Florida its agents, employees, and public officials are Additional Insured on the General Liability as required by written contract.

Liquor Liability is included, see section "general liability"

Special fundraising event 200 attendees, 03/31/2018

Event location: Boca Grande Community Center, 131 1st St West.

